



State of Louisiana
Department of Revenue
Sales Tax Division
P.O. Box 201
Baton Rouge, LA 70821-0201

**Application for Exemption and Direct Payment Authorization
for a Call Center as defined under
Louisiana Revised Statute 47:301(14)(i)(ii)(cc)(III)**

Name _____

Mailing Address _____

City, State, ZIP _____

Location Address(es) (Attach additional pages if necessary.)

Louisiana Business Master File Account Number -

Describe the principal income producing activity of your business

On the lines below, list the names, addresses, and Business Master File Account Numbers of your subsidiaries that operate as call centers in Louisiana. (Add additional pages if necessary.)

Print/type name of authorized officer _____ Title _____

Signature of authorized officer _____ Date _____

Telephone _____